

22 August 1968

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MEMORANDUM FOR:

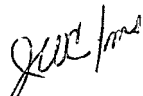
This will help prove that the adage you learned so well but apparently momentarily forgot is still true. As you guessed, time ran out before I made good my threat on the OMS Survey. I believe, however, that you could take my MFR and John Tietjen's paper and produce, for Mr. Bannerman's signature for forwarding before close of business 30 August, a first response to Colonel White. ✓

You may wish to ask Mr. Bannerman if he desires to make any general comments concerning the DMS attitude (I believe it good and positive toward the content of the IG's Survey) and/or on the problems which have in fact blocked at least some action pointed toward management experienced senior OMS officers. ✓

You will also note that I sent extracts to Bob Wattles and Les Bush on the one recommendation. ✓

There are really only a few points which cannot be disposed of finally in this first report. ✓

Thank you.


John W. Coffey

STATINTL

23 August 68

To -

Also attached is a copy
of Mr. C.'s MFR for forwarding
to DMS if appropriate. Mr.
Coffey suggests you check this
out with Mr. Bannerman to be
sure he agrees they should get a
copy.

p.

*Not sent - AS
OVERPAID BY
EVENTS -
RCL*

SECRET EYES ONLY

DD/S 68-4267

15 August 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Inspector General's Survey of Office of Medical Services

1. The first discussion of the IG's Survey of the Office of Medical Services was held with Dr. Tietjen on 13 August 1968. Each recommendation was considered:

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Recommendation #2 - This is agreed although Deputy Director, OSA, suggests that there may possibly be some resistance from USAF.

Recommendation #3 -

a. DMS states that we must also get the contract doctors to advise the Agency of their future intentions sufficiently in advance of contract expiration dates.

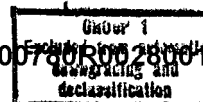
b. Agree

c. Agree

Recommendation #4 - Agree. Dr. Tietjen said no issue is involved at the present time.

Recommendation #5 - Dr. Tietjen does not really agree with these recommendations, pointing to the satisfactory results achieved with the present system and its career development value. After some discussion it was agreed that these recommendations would be the subject of a separate review.

SECRET EYES ONLY



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Recommendation #6 - This reorganization was discussed in depth but no clear conclusion was reached. Dr. Tietjen pointed out that the recommended objective was constantly in mind in establishing the Rosslyn facility. He cited the variety of problems which have prevented the Center from matching the original plans -- slots and funds have not been available. He also had some reservations concerning the psychiatric screening which would be involved in the suggested reorganization. The DD/S made it clear that applicant and dependent processing would not be brought back to Headquarters and that it was more likely that other personnel-related functions would be moved from the Headquarters Building. There was some discussion on the timeliness of processing and the improvement which the suggested reorganization would entail. This Recommendation needs further study.

Recommendation #7 - Dr. Tietjen requested more time to study this Recommendation. He pointed out that OMS has had under way for some time a full review of its organization. He also stated that the combination suggested by the IG is only one of several which could be accomplished. The elimination of the Special Assistant for Clinical Activities is agreed since it was created only because of the extended sick leave absence of the Deputy Director of Medical Services. x

Recommendation #8 - DMS accepts this Recommendation but is not really prepared to acknowledge that OMS has done a bad job heretofore. Under consideration is an OMS counseling service. (JWC is not certain that the "decision" aspect of this subject is recognized or accepted.)

Recommendation #9 -

a. DMS would prefer to try first to work this out with the individuals concerned rather than introducing a compulsion aspect to the program.

b. This is agreed but the preference is to put the onus on the individual to report his actions to OMS rather than have OMS responsible for the follow-up.

Recommendation #10 - Dr. Tietjen "absolutely concurs". He pointed out that the average now is ten weeks. He also said that the Agency records and actions are so complete when the cases are forwarded to the Civil Service Commission that the Commission can act more quickly than in cases from other Government organizations.

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Recommendation #11 - This Recommendation is a little surprising and OMS will consult with OP and OS to identify for correction specific deficiencies. Dr. Tietjen believes that the cases of individuals who are ill may be the "problem area". If so, he pointed out that this can be a rather tricky one to settle since many of these instances do not warrant and in fact should not result in notices to OP, OS, etc.

Recommendation #12 - It is not agreed that the regulation should make mandatory the Agency examination as recommended. It is agreed to establish this schedule as an objective to be sought. Dr. Tietjen pointed out that there are cover and other considerations which weigh against the mandatory aspect.

Recommendation #13 - After some discussion it was agreed that the basic responsibility should remain with the geographic Area Divisions but that in each instance their recommendations should be coordinated with OMS.

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2. The DD/S raised the broad question of present management and span of control and these were discussed in some depth. On the subject of management style and development of managers and successors within OMS, Dr. Tietjen pointed out that he had devoted much effort to the development of staff talent and also that he and the Agency had been unlucky to have a number of "white hopes" drop out. He still has not given up the idea that [redacted] will be able to take over. He acknowledged his own tendency to centralize control but assured that he would be delighted to pass out all of the reins if other OMS officers could adequately take them over. He said that the problem really is not lack of delegation but lack of someone to whom to delegate. He pointed to the difficulty here and in other medical institutions of finding men competent in their medical specialties who are also willing and able to do administrative and staff work.

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Joh [redacted] Coffey

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ADD/S:JWC/ms

Distribution:

Orig - DD/S Subject ✓

1 - Director of Medical Services

1 - DD/S Chrono Ref

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Next 2 Page(s) In Document Exempt

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